Evaluating Occupational Burnout and Use of Coping Strategies for Front Line Employees at Veterans Affairs Canada

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Dedication

To my amazing family and friends who supported me throughout this journey.
Canada has made substantial contributions to help stabilize failing countries over the past decade. A substantial number of Canadian Armed Forces (CAF) members have deployed to war-torn countries such as; Afghanistan, Bosnia and Iraq. Due to their duty and devotion of service to the country, they have developed an array of mental health and physical health issues. The organization responsible for the care of these individuals is the Veterans Affairs of Canada. While these employees are deeply invested in helping the veterans their workload has increased exponentially. Current studies show that Veterans Affairs workers are experiencing increased rates of stress and burnout amongst the front-line workers. These studies have almost exclusively focused on the American Veterans Affairs workers and there is a tremendous void in the Canadian literature for their counterparts within Canadian Veterans Affairs. This research study involved front-line employees of Veterans Affairs Canada (N=40), and all participants were working for Veterans Affairs Canada throughout the central district of Ontario. The aim of the current study was to evaluate burnout and stress related factors among front-line employees at Veterans Affairs Canada utilizing a qualitative online survey. The results of this study indicated that the majority of participants engage in self-directed burnout and stress reduction strategies outside of the workplace. This study also revealed that participants had numerous suggestions related to how stress reduction and reducing burnout could be addressed within their workplace. The totality of their responses revealed the need for programs and skill building workshops to increase awareness of burnout and stress related factors. Future studies are needed to identify the prevalence of burnout and stress within this vital government organization, Veterans Affairs Canada as well as the programs, initiatives, and policies needed to address this concern.

**Keywords:** VAC, occupational burnout, stress factors, online survey.
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Chapter I: Introduction

The Treasury Board of Canada Secretariat (2016) state that, on average, Canadians spend almost 60 percent of their time at work. The Government of Canada (2017) was provided further information about Canadian worker’s psychological health by the Mental Health Commissions of Canada. In this National survey, it was discovered that 47 percent of Canadians find work to be the most stressful part of the day. There is an abundance of information and research conducted on occupational stress and burnout to date in the workplace however, literature associated with specific governmental offices is limited.

Earlier research proposed that occupational stress and burnout was often a result of exposure to traumatic experiences as a part of their job (e.g. front line staff, paramedics, policing fields) (Grunfeld, Whelan, Zitzelsberger, Willan, Monstesanto, and Evans., 2000). Traumatic experiences are defined as an incident or event that causes physical, mental, spiritual and emotional harm, the individual may feel frightened, anxious, or threatened (Kim., 2016). PubMed Health (2017) indicates there is no clear definition of burnout, however, majority of literature agree that there are three essential characteristics of burnout. These are; exhaustion, work related alienation (cynicism) and reduced work performance (lack of accomplishment) (PubMed Health., 2017). Maslach and Leiter (2016) found that occupational stress and burnout affects the employee as well as those within their social circle (friends, family and co-workers). Canadian Mental Health Association (CHMA) (2002) reports that almost 58 percent of Canadians feel overwhelmed balancing work, friends, family, physical activity and community engagements.

The helping profession is defined as an individual or team supporting the growth or attending to a physical, psychological, emotional and spiritual well-being of the clients (Zins, 2001). Psychologists, counseling, social work, occupational health, case management and nursing are just some of the helping professions (Zins, 2001). Most of the literature on occupational stress and burnout focus on the helping professions, as there is often higher prevalence of exposure to risky situations, as well as the burden of caregiving which calls to provide ongoing personal and emotional support to promote the well-being of others (Maslach & Leiter., 2016). Researchers have suggested that case management across health and human services is one of the most stressful positions due to increase in caseloads, lack of organization/coherence amongst the agency, and the stressors affiliated with regular difficult decisions making and degree of responsibility (Zawalski, & Mann, 2016). Overwhelmingly the studies including those cited above, indicate that those in helping professions are at an increased risk of occupational burnout due to case demands and their role in the helping and emotionally demanding profession.

Veterans Affairs Canada (VAC) is an organization which provides support to Veterans (retired Royal Canadian Military Police and military members) and their families re-integrate into society after service. VAC provides Veterans with supports in the community who can assist in the treatment of any injury they may have obtained while serving. These include physical, cognitive, and social supports. It includes frontline service providers such as; case managers, Veteran service agents, administrators, these and others whose main goal is to support Veterans within their community (Veterans Affairs Canada., 2018). The VAC employees are responsible for, but not
limited to, information pertaining to pensions, disability benefits, transition services and providing referrals to community services for the well-being of retired and still serving members of the Royal Canadian Mounted Police, Canadian Armed Forces, and their families (Veterans Affairs Canada, 2018). The role of these front-line employees is to aid the Veteran in accessing services within their community, as well as help the Veteran and their family transition or navigate difficult change in their lives (Veterans Affairs Canada, 2015). The case manager role is very emotionally demanding given that they are responsible for setting up a case plan, regularly meeting Veterans and families in the home and evaluating extending services that could be provided (Veterans Affairs Canada, 2015). In particular, the cases involving those Veterans with mental health concerns can be quite complex and demanding.

There is limited research and literature (mostly American) regarding the rates or effects of occupational stress and burnout within Veterans Affairs front-line employees. The results of government employee surveys are not typically revealed to the public. This makes it exceptionally difficult to access the research data which would reveal trends or findings that indicate the occupational burnout and stress levels of VAC employees. This research thesis is intended to investigate occupational burnout and stress in the front-line employees at VAC in hopes that there will be future research conducted on these workers to evaluate occupational burnout and stress levels.

**Thesis Overview**

The purpose of this research study is to conduct an analysis of the presence of occupational stress and burnout and how the employees are currently managing stress and burnout. The focus was on the front-line employees of the central district in Ontario. The thesis will encompass a review of academic literature relating to occupational burnout and stress within helping professions. A detailed explanation of participants, settings, measures and methods utilized in this research study. The thesis will include a statistical analysis of the survey results, and a discussion that will interpret the results. The discussion section will identify the limitations, ethical issues, an analysis of the multilevel dimensions/challenges encountered and recommendations for future research consideration.
Chapter II: Literature Review

To date, there is a breadth of research literature devoted to the study of occupational stress and burnout. Research defines this as a psychological condition that emerges due to a result of continued exposure to personal and social stressors in the workplace (Maslach & Leiter., 2016). Maslach and Leiter (2016) suggest that occupational burnout has been recognized in the past as an occupational hazard for those working in a client centered relationship. Maslach and Leiter (2016) reported three dimensions of occupational burnout; mental health, physical health and social life. They state that these three dimensions impact an individual’s idea of both themselves and others.

Despite the difficulty in defining and theoretically representing the process of burnout, there is a general understanding of the primary characteristics of occupational burnout (Yanchus, Beckstrand, & Osatuke., 2015). These characteristics include (a) emotional exhaustion, (b) depersonalization (cynicism) and (c) reduced personal accomplishment (inefficacy). Yanchus et al. (2015) further state that not only are these dimensions of the occupational burnout condition accepted across settings, it is also present across professions. The overall goal for treating occupational burnout is intended to enable employees to return to their jobs and continue to be successful in their workplace (Maslach & Leiter., 2016).

Occupational Burnout

A research study by Jenkins and Elliott (2004) aimed to investigated occupational burnout and stressors in acute mental health settings in both Registered practical nursing (qualified) and practical nursing (unqualified) staff in the United States. Registered (qualified)nurses are defined as individuals who possess technical and theoretical knowledge in areas such as anatomy, neurology and physiology, and the skill to perform the specified nursing duties learned over three years of intense training. Unqualified staff, are also referred to as helpers and do not possess the in-depth technical and theoretical knowledge and lack some of the nursing skills of qualified nurses. These individuals go through 6 months of basic nursing training. Some of these included the intensity of patient interactions particularly those with significant challenging behaviours. The study examined the connection between occupational burnout and stressors as well as the impact that social supports have on occupational burnout and stressors. Participants were selected based on the pressures experienced by both the qualified and unqualified mental health nurses. Registered (qualified)nurses are defined as individuals who pose technical and theoretical (anatomy, neurology and physiology in detail) knowledge and the skill to perform the specified nursing duties which was learned over three years of intense training. Unqualified staff are also referred to as helpers and do not pose the technical and theoretical knowledge and lack some of the nursing skills, these individuals go through 6 months of more basic training. Some of these trainings included intensity of patient interactions particularly those with significant challenging behaviours and how to deal with this. Jenkins and Elliott (2004) selected 11 acute adult mental health wards from which to draw their pool of potential participants. From the selected mental health wards, a total of 93 members of the nursing staff volunteered to be a part of the study. Participants were asked to complete the Mental Health Professionals Stress Scale, Maslach Burnout Inventory and a Social Support Scale. The Maslach Burnout Inventory
assesses the three characteristics of occupational burnout through a multitude of questions. The research by Jenkins and Elliott indicated that the qualified nurses identified that the lack of staffing and high work-loads were the main stressors for them. Physical threats and difficulty dealing with demanding patients were the main identified stressors for the unqualified nurses. Both the qualified and unqualified nurses alike had a high rate of occupational burnout as a result of depersonalization and emotional exhaustion (Jenkins & Elliott, 2004). Depersonalization is characterized as a disconnection or detachment from one’s thoughts and body and can often be very troubling for the individual. Depersonalization is described as the ability to see one’s self from outside their own body, meaning that the individuals own feelings, emotions, sensations and movements feel detached from oneself (Jenkins & Elliot, 2004). Not surprisingly, those in the Jenkins and Elliot study who had established social supports reported lower levels of burnout, as compared to those without, thus meaning that social supports have an impact on the level of occupational burnout an individual can experience. Given these results, Jenkins and Elliott concluded that job related stressors that are not managed or identified have a high probability of leading to burnout. Equally important, they concluded that having good social supports contribute to lower levels of burnout and observed that the work place should be structured to minimize negative communication and create a transparent workplace environment where employees are encouraged to express their observations, suggestions and concerns (Jenkins & Elliot, 2004).

Bell, Rajendran, and Theiler (2012) conducted a study to analyze academic teaching staffs’ (teachers) ability to balance both their work and personal life and be able to overcome the conflict that could arise between the two. The researchers hypothesized that high perceived job stress would increase work-life conflict, decrease the employees’ overall well-being and work-life balance and characterized perceived job stress as time and pressure demands put on the employee within the organization (Bell, Rajendran & Theiler, 2012). One-hundred thirty-nine academic staff members in Australia were asked to voluntarily participate in a self-report questionnaire with this questionnaire had five components. These components include; work-life conflict, work-life balance, well-being, ill-being and job stress (Bell, Rajendran, and Theiler., 2012). The results of their study suggest that perceived job stress is correlated with both work-life balance (decreased) and work-life conflict (increased). The study also suggests that poorer well-being is associated with perceived job stress and overall increasing the individual’s ill-being. Bell, Rajendran, and Theiler conclude that future research should expand on understanding the relationship between the variables and help teachers develop strategies to overcome these barriers to overall improve work-life balances.

A study conducted by Ray, Wong, White, and Heaslip (2013) analyzed the relationship between compassion fatigue, compassion satisfaction, occupational burnout and work/life balance in frontline mental health care professionals (FMHP). FMHP are defined as those individuals who have initial contact or delivery of mental healthcare to those in need. Examples of FMHPs include psychiatrics, psychologists, social workers and case managers. FMHP’s are defined as those professionals who have the initial contact and delivery of mental health help to those in need of the service (Ray, Wong, White, & Heaslip, 2013). To clarify, compassion fatigue is a result of caregivers who support those with traumatic experiences and bear their suffering in a way that negatively
impacts them (Ray, Wong, White & Heaslip., 2013). Contrary to compassion fatigue, compassion satisfaction is the positive gratification from caregiving, including those who have experienced traumatic events as caregivers. Ray et al. (2013) administered multiple surveys including Maslach Burnout Inventory General Survey and Professional Quality of Life Revision IV to 169 FMHPs. Perhaps unsurprisingly, the results confirmed their hypothesis that higher levels of compassion satisfaction will result in lower levels of compassion fatigue. The results also revealed that the higher degree of job suitability is predictive in reducing occupational burnout rates in the FMHPs (Ray et al, 2013).

Green, Albanese, Shapiro, and Aarons (2014) studied the connection between occupational burnout and the influences of demographics, organizational and work characteristics amongst youth mental health providers. Mental health providers are defined as individuals who provide mental health care or diagnose a mental health condition (Green, Albanese, Shapiro & Aarons, 2014). Participants were divided into job provider (social work, psychology, family therapy etc.) and health programs (outpatient, inpatient, day treatment etc.). An online survey was administered to 285 providers within 49 health programs. Results of the study by Green et al. (2014) revealed that variables relating to organizational and transformational leadership amongst all providers and programs were the leading positive influencer for occupational burnout reduction. Transformational leadership is defined as creating a positive workplace that empowers employees to become leaders and is facilitated through personalizing management skills (adapting to the individual), being a role model, and the ability to motivate employees (Green et al, 2014). Age was the single significant demographic factor that was predictive of burnout. The authors suggest that there is a positive relationship between personal accomplishment and age, thus suggesting, that individuals who are older and have transformational leadership skills have greater personal accomplishment which contributes to decreasing their overall stress within the workplace. Green et al. concluded that consideration of developing organizational strategies to promote transformational leadership can lead to a more functional work environment, resulting in decreased stress in the workplace.

Rossi et al. (2012) conducted a study which included 260 staff members from four community based mental health services. The purpose of the study was to examine burnout, compassion fatigue, general psychological distress and compassion satisfaction amongst the staff members. Participants were asked to complete a quality of life scale, a general health survey and a socio-demographic survey. These measures included questions pertaining to occupational burnout and work-related stress. Rossi et al. found that psychologists and social workers were the two professions that experienced the highest levels of occupational burnout and compassion fatigue. The results also indicated that employees who experienced psychological distress reported lower levels of compassion satisfaction and higher levels of occupational burnout and compassion fatigue. Occupational burnout and compassion fatigue were found to be positively correlated in the data collected by Rossi et al. The researchers also noted that for each extra year the employees spent at the community based mental health service, the risk of compassion fatigue and occupational burnout increased. Rossi et al. concluded that health managers and leaders in the four-community based mental health services will be able to utilize these findings in aiding them to identify factors that affect the quality of life of their mental health staff.
Both Rossi et al. (2012) and Green et al. (2014) were able to establish that a functional, inclusive and supportive workplace is essential to minimizing compassion fatigue, psychological distress and occupational burnout within mental health service communities. The following two studies shift the focus from the impact of organizational health on occupational burnout to the mental health workers and the variables which lead to an increased probability of burnout.

A research study by Yang, Meredith, and Khan (2015) in Singapore was conducted to analyze the amount of stress and occupational burnout experienced by health professionals within a mental health setting. Two-hundred and twenty mental health professionals agreed to participate and complete a cross-sectional survey. This survey included assessments of stress, occupational burnout (cynicism, exhaustion, inefficacy), work demographics, and working situations. Yang et al. used independent t-test and one-way ANOVAs (a statistical analysis tool) to examine group differences for stress and occupational burnout (dependent variables). The results indicated that mental health professionals under 25 years old, with five years or less experience and reported lower income had higher levels of occupational burnout and stress. Although the researchers looked at other variables such as; profession, specialization, years of experience, gender, income level and age, there were no other demographic variables that related to occupational stress and burnout within the study. Overall, the results of Yang et al. suggest that mental health professionals in Singapore healthcare settings are experiencing high levels of occupational burnout dependent on age and experience. Based on this finding, they suggest that future research focus on developing programs to reduce occupational stress and burnout within the health care professions which would likely increase the resilience and well-being of the health care professionals leading to the improvement of both their quality of life and the services they provide (Yang, Meredith, & Khan, 2015).

**Emotional Exhaustion**

Onyett, Pillinger, and Muijen (1997) selected 445 members in 57 community mental health teams to be participants in their research study. This study analyzed job satisfaction and occupational burnout in the different professions within the mental health teams. The researchers used the Maslach Burnout Inventory which assesses cynicism, emotional exhaustion and inefficacy, and also administered the Occupational Stress Indicator. Onyett et al. (1997) found that emotional exhaustion was higher in certain professions (psychiatrists and consultants) within the mental health teams compared to nurses, social workers, occupational therapists etc. Emotional exhaustion is defined as being exhausted by one’s own work, this results from excessive personal and job demands and continuous stress (Onyett, Pillinger, & Muijen, 1997). Psychiatrists were reported to have higher depersonalization than the other professions. The results also indicated that social workers had lower job satisfaction than those in psychiatry and consultant professions. Onyett et al. suggested that the difference between occupations; nurses, social workers verses psychiatrists and consultants is because psychiatrists and consultants have higher caseloads, and have clients whom they are medically responsible for. Whereas; nurses, social workers, and occupational therapists who have smaller caseloads but log more hours. Onyett et al. noted that some of the factors that contributed to these differences were caseloads, job itself, work relationships and organizational processes (encouraging or preventing personal achievement). Onyett et al. observed that
a focus on proper individual training and providing adequate resources to the mental health team employees could contribute to a reducing burnout and increasing job satisfaction.

**Veterans Affairs Canada (VAC)**

Veterans Affairs Canada (VAC) front-line occupations include case managers, Veteran service agents, administrators, these and others whose main goal is to support Veterans within their community (Veterans Affairs Canada, 2018). The role of these front-line employees is to aid the Veteran in accessing services within their community, as well as help the Veteran and their families transition or navigate difficult change in their lives (Veterans Affairs Canada, 2015). The VAC employees are responsible for, but not limited to, information pertaining to pensions, disability benefits, transition services and providing referrals to community services for the well-being of a retired and still serving members of the Canadian Armed Forces, Royal Canadian Mounted Police and their families (Veterans Affairs Canada, 2018). As noted in the review of occupational burnout and emotional exhaustion, research suggests that stress can lead to work-absenteeism as a result of illness and/or mental health injuries. Those individuals with mental health concerns are complex and demanding for the front-line VAC employees and VAC provides more than just mental health support. In addition to this VAC offers a complex intervention/treatment for the Veterans including but not limited to; housing, physical care, child care, physio etc. These services combined with the tendency for front-line employees to be reluctant to admit that they may also be experiencing mental health issues could contribute to their occupational stress and burnout.

To date, there is limited research that has been conducted to determine the health and well-being of the Veterans Affairs Canada (VAC) front-line work force. However, one Government of Canada (2017) Public Service Employee Survey (PSES) included VAC responses regarding an evaluation of their workplace. This included organizational, personal, and management questions. Specific to the thesis research study, the health and well-being responses were significant. In particular, the results reflected that there were heavy workloads and insufficient staff. The United States of America Veterans Affairs (VA) has conducted a multitude of studies regarding job satisfaction, occupational burnout and workplace variables, which have been previously noted to directly impact burnout.

**Veterans Affairs- The United States of America**

Salyers, Rollins, Kelly, Lysaker, and Williams (2011) conducted two independent studies to analyze and compare occupational burnout and job satisfaction. The participants were in the same city and divided into two groups, 66 VA staff and 86 community mental health staff. The researchers found that the community mental health staff reported concerns with job-related issues (e.g. pay, burnout, job satisfaction) while the VA staff reported challenges with administration (e.g., management, meetings, policies and procedures of VA). Salyers et al. concluded that although VA reported less occupational burnout and greater job satisfaction compared to community mental health staff there is no way of knowing whether this can be generalized to other VA offices and other community professionals. Further research is needed to explore the reasons for the differences in job satisfaction. (Salyers, Rollins, Kelly, Lysaker, & Williams, 2011).

Garcia et al. (2014) gathered 138 Veterans Health Administration (VHA) mental health clinicians who provide post-traumatic stress disorder (PTSD) care. The purpose of
this study was to analyze work factors, burnout, absenteeism and demographics using an electronic survey sent to participants. Garcia et al. utilized the *Maslach Burnout Inventory General Survey* to assess occupational burnout (inefficiency, cynicism and exhaustion). The results of this study revealed that there were high levels of both exhaustion (50%) and cynicism (47%) however, a lower level was found for professional efficacy (12%). The results of the survey also indicated that exhaustion and cynicism were mostly impacted by increased workload, employees control over how to complete their work and organizational politics. Garcia et al. results suggest that VHA who provide PTSD care seek strategies or support that will help prevent or reduce occupational burnout symptoms in order to both strengthen the individual worker and the health team.

Atkinson, Rodman, Thuras, Shiroma, and Lim (2017) also used a sample of 128 mental health employees from Veterans Affairs (VA). Their study focused on the relationships between burnout, self-compassion, and depression. These mental health employees included but were limited to nurses, social worker and psychologists. The researcher used three assessments which included; an occupational burnout inventory, self-compassion scale, and depression screening for 128 VA mental health employees. The result of Atkinson et al. study was that self-compassion was inverse related to occupational burnout and depression rates were inversely related to self-compassion. The researchers concluded that self-compassion is one of the strongest determinate of occupational burnout. Self-compassion was associated with depressive symptoms however, this study was unable to assess all depressive symptoms nor was it able to measure the severity of symptoms. Atkinson et al. suggested that future research should focus in on depressive symptomology to determine why self-compassion is such a high determinate in burnout.

A study by Park, Chang, Mueller, Resnick, and Eisen, (2016) examined the three characteristics of occupational burnout (cynicism, inefficacy and exhaustion) in 138 peer specialists who are part of the Veterans Health Administration (VHA) throughout 49 states. Participants were asked to complete an online survey about their mental health, quality of life, and employment experiences. This survey was administered at baseline, 6-month and 12-month period. Park et al. compared their findings to previous literature on VHA workers and found that their results regarding occupational burnout for peer specialists validated previous VHA reviews. Specifically, there were high levels of cynicism, inefficacy and exhaustion. The researchers illustrated that at baseline, occupational burnout was none existent yet at the 12-month mark the characteristics of occupational burnout were significantly present. Park et al. suggest that future occupational burnout research should be conducted on VHA teams with a primary focus on the predictors of burnout.

A recent study conducted by Garcia, McGeary, Finley, Ketchum, McGeary, and Peterson (2015) specifically looked at the Veterans Administration (VA) with a focus on the psychiatrists. Garcia et al. hypothesized that there are workplace variables that impact burnout. These variables, identified by the participants, included the identification of organizational deficiencies, dispensing medication and administrative tasks. The researchers administer the *Maslach Burnout Inventory General Survey* to 125 participants (Garcia et al., 2015). The survey showed high levels in all three components of occupational burnout which are cynicism, exhaustion and professional efficacy. Thus Garcia et al. found that occupational burnout is prevalent among VA psychiatry
participants and suggested that strategies should be implemented to reduce occupational burnout. They identified the following strategies which could aid in lessening the occupational burnout rate for the psychiatric staff. These strategies included; creating more opportunity for administrative control, building team relationships, equitable management by supervisors, increasing the number of staff and permitting time for teaching, research and supervision (Garcia et al., 2015). As it was a cross-sectional study, Garcia et al. were unable to establish a relationship between the variables due the study being a cross-sectional study. A cross-sectional study analyses a group of individuals in a certain time, therefore the researchers were unable to establish if this would help in long-term settings (Garcia et al., 2015).

Summary

Although, these articles above do not specifically address occupational burnout among the Veterans Affairs Canada (VAC) front-line workers, there is enough research supporting the relevance of occupational stress and burnout and its impacts across a wide spectrum of different workplace populations. Collectively the above studies identified several predictors or influencing factors regarding burnout in helping professions. Some of these included, job suitability, workplace support, time on the job, job satisfaction, demographics (age), qualification and the health and effectiveness of the workplace. All of these factors or predictors, can be related to VAC workers and addressed in order to minimize the occupational burnout of VAC front-line employees.

Based on the job descriptions and job expectations of participants in the reviewed studies above there is an expectation that VAC front-line workers will experience occupational burnout to an extent. Through the extensive review of the studies examined within this thesis, certain factors that contribute to burnout included; long hours, heavy caseloads, shortage of staff, lack of training and administrative supports. These are critical indicators when examining burnout within the workplace. This thesis intends to examine occupational burnout and influencing factors using an anonymous online survey. This research would add to the limited research on occupational burnout and influencing factors in VAC employees. This study focused on VAC front-line workers is unique because after completing an in-depth search, the limitations in regard to research specific to this topic is notable. The employees are able to voice their suggestions, observations and honest feedback of this organization, and informs that VAC make change based on their responses. This research could lead to changes within the work place by the organization which could enhance the efficiency and satisfaction of employees.
Chapter III: Methodology

Setting
Veterans Affairs Canada (VAC) - Kingston Office served as the location for this study. This agency provides support for Veterans, currently serving members of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) who are transitioning to retirement and those who are retired. VAC supports individuals who are transitioning out of their job or those who have transitioned but need to access support for a service-related physical, mental or emotional condition. VAC helps refer these individuals and their families to resources in the community to ensure the individual is accessing the help they need. These community resources include but are not limited to psychological diagnostic assessment, physical health and physiotherapy, Operational Stress Injury Clinic (OSI), social work, occupational therapy, psychological counselling, family counselling, rehabilitation facilities.

Facilitators
A fourth-year behavioural psychology student facilitated the survey under the supervision of the acting Veterans Service Team Manager (VSTM) and case manager who has worked for VAC four years. The VSTM helped facilitate and encourage employees to participate by emailing from their government email, while the behavioural psychology student sent out the occupational stress and burnout survey via her student email. A reminder email was included to prompt participants to complete the survey.

Selection Procedures
The study was approved by the Research Ethic Committee at St. Lawrence College (REC-P, Appendix A) and approved by the VAC Values and Ethics Board (Appendix B). The original copy of the approval letter from VAC Values and Ethics Board is kept in the researcher’s locked file cabinet. The researcher sent an email (Appendix C) between the hours of eight o’clock AM and four o’clock PM to recruit participants. Those willing to participate were asked to read the consent form (attached to the survey) and complete the survey within the two-week time frame. The participants had to be current full-time employees working at one of the main Veterans Affairs agencies and have direct client contact. Participants working from home but still be a VAC employee were also considered participants.

Informed Consent Procedures
The researcher designed a consent form (Appendix D) that the researcher’s supervisors, St. Lawrence Research Ethics Board and VAC Values and Ethics Board approved. Minimal risks and disadvantages to participants could be identified except for possible frustration in reflecting on stress. The first page of the survey included the purpose, risks and benefits, the limits to confidentiality and researchers contact information. Participants will either agree or disagree to proceed with the survey by clicking the ‘next’ button on the bottom of the page to continue to the survey. Participants consent was inferred when they proceed after the first page to begin the survey. No identifying information was used in the data collection nor were participants be asked to provide their name, position or anything else that may compromise the anonymity of the survey. The website used for the survey anonymously collected data to ensure that confidentiality was maintained. Participants had two weeks to complete the survey to try and account for those employees who may be on holidays or on leave. The electronic
consent form, survey, and data results were encrypted on the researcher’s locked computer. This data is kept for one year after the research is conducted.

Participants
The research participants were Veterans Affairs Canada front line workers including but not limited to case managers, veterans service agents, field nurses and physicians from across the central area. The number of participants varied as this survey was distributed throughout the central district in Ontario and participation is voluntary (N=40). Due to the varying number of participants, the ages of the participants varied as well; however, in keeping with Veteran Affairs’ policy, all employees that completed the survey are over the age of 18. Participants were not asked to identify their position or use any identifying information as this could be a breach of confidentiality due to the limited number of employees at each location. Participants professions include but are not limited to case managers who are assigned typically to a complex case of an individual who is at risk for re-establishment or transition to civilian life, Veteran Service Agents (VSA) who do follow ups, intakes, transition interviews, assessments and many more but for individuals who are unmanaged. Administration personal who are the initial first contact with Veterans when they are coming into the office for intake or appointments with their case managers, transfer calls, create client notebooks and book transition interviews. There are many other professions that contribute to making this agency successful in helping Veterans re-integrate into their community.

Research Design
This research study is a randomized non-experimental design that consisted of an online survey being administered by the researcher via government email to participants. There is no intervention present as this is a research study, therefore no variables were manipulated nor was management making changes based on the results of this survey. The independent variable is the ten question Likert scale survey the researcher distributed. The dependent variable is the degree of occupational stress and burnout amongst the Veterans Affairs Canada front-line workers. Data was established based on participant’s responses using the Likert scale on 10 of the questions. Data was collected from the survey website. The researcher manually entered the results into an excel spreadsheet then transferred to SPSS (Statistical computer software program) to analyze the descriptive statistics.

Materials
Staff required access to their work computer to access the email. The employees were emailed on their work computers via their government emails and were asked to allot ten-minutes of their time during work hours to read the consent and complete the 12-question survey. There were ten closed ended Likert scale questions and two open ended questions. Staff do not require any other materials to complete this research study.

Measures
Occupational Burnout Survey.
The participants were asked to complete a survey (Appendix E) composed of two open-ended questions and ten Likert scale rating questions created by the researcher based on relevant research and items identified in the literature. This survey was intended to analyze the causes and symptoms of occupational burnout in the front-line workers at Veterans Affairs Canada by using Likert scale strongly disagree (0) – strongly agree (5).
Examples of the included Likert scale questions are “I step away from my computer throughout the day to give my eyes and mind a rest”, another question is “the pace of my work in this agency enables me to do a good job”. These example question were rated on the Likert scale *strongly disagree* (1) – *strongly agree* (5). The electronic consent, survey, and data collection was encrypted on the researchers locked computer (in keeping with Ontario privacy legislation). This data was kept for one year after completion of the research study before being destroyed by the researcher.

**Procedures**

**Occupational Burnout Survey.**

A survey was administered via email to all front-line workers within the central district at Veterans Affairs Canada agencies. The survey was sent out to employees via the researcher’s government email, the agency supervisor was attached to the email. The survey consisted of a front page explaining the purpose of the survey, requirements of the participants, informed consent and the limits to confidentiality. The participants were required to click the ‘next’ button in order to consent and participate in the study. Participants were asked to take 10 minutes of time to complete this survey. Quantitative data was collected using a ten question Likert scale questionnaire. The Likert scale consisted of five columns ranging from *strongly disagree* (1) – *strongly agree* (5). There were two open-ended questions that asked the participants to provide feedback on what changes could be made in the agency to reduce stress in the workplace and what strategies or resources are used by the employee to reduce their stress within the workplace. The participants were responsible for consenting, participating and providing data used in the researcher’s thesis. Employees who do not want to participate in the thesis study deleted the email. Only fully completed surveys were utilized in the researchers study as uncompleted surveys may skew the researcher’s data collection.
Chapter IV: Results

Results were obtained through the researcher administering a survey using the front-line employees’ government email. Of the 70 potential participants that the survey was sent to, 40 participants completed it. There was a 57% response rate for the Likert scale questions (N=40). Figure 1 shows the Likert scale survey results for each of the following variables; Strongly Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree. Figure 1B presents the trend lines for each Likert Scale variable (Appendix F). The Likert Scale results suggest that there is a large sample of the agency population engaged in occupational burnout and stress reducing strategies.
Figure 1. Evaluating Workplace Stress and the Influencing Factors; Likert Scale Survey Results
Descriptive Statistics – Likert Scale Results

The Likert scale was used to evaluate workplace stress and influencing factors. In Figure 1 there are trends displayed amongst the results that indicate the front-line employees are engaging in stress-reducing activities to help decrease any occupational burnout symptoms and influencing factors. When examining the totality of Likert scale questions each question provided insight into how the participants are developing and utilizing various coping mechanisms regarding occupational burnout and stress.

Question one was “I step away from my computer throughout the day to give my eyes and mind a rest” the respondents’ results reflected 78% of the respondents strongly and somewhat agreed. Question two “I receive and use helpful weekly tips from ‘Workplace Mental Wellness’ on mental health and strategies to use when I might be feeling overwhelmed” the results indicate that 23% strongly or somewhat agree and 58% strongly and somewhat disagree while 20% were neutral. Question three “When at work, I am focused on my job duties and can accomplish these tasks during a regular work day” the results show that 45% strongly or somewhat agree and 42% strongly and somewhat disagree while 13% were neutral. Question four “The pace of my work in this agency enables me to do a good job” the results demonstrate that 38% strongly or somewhat agree and 50% strongly and somewhat disagree while 13% were neutral. Question five “I feel that my organization positively impacts people’s lives” the results indicate that 91% strongly or somewhat agree and 0% strongly and somewhat disagree while 5% were neutral. Question six “I feel comfortable giving feedback to my supervisor and that my feedback is valued” the results reveal that 68% strongly or somewhat agree and 18% strongly and somewhat disagree while 15% were neutral. Question seven “My job does not cause an unreasonable amount of stress in my life” the results indicate that 38% strongly or somewhat agree and 51% strongly and somewhat disagree while 10% were neutral. Question eight “My organization encourages a life-work balance and I am able to apply this in my personal life.” the results indicate that 60% strongly or somewhat agree and 30% strongly and somewhat disagree while 10% were neutral. Question nine “When I go home at the end of the day, I am able to leave my work behind” the results indicate that 50% strongly or somewhat agree and 43% strongly and somewhat disagree while 8% were neutral. Question ten “I actively engage in activities outside of work that reduce my stress-level” the results indicate that 73% strongly or somewhat agree and 18% strongly and somewhat disagree while 10% were neutral.

There are similarities and contrasts within the ten questions. Question one, eight and ten all relate to the topic of participating in activities that decrease occupational burnout and stress symptoms/factors. Contrary to this, question seven and nine, which focus on potential causes of occupational burnout and job stress display opposing results. Although there were some positive answers (strongly agree, somewhat agree) there seemed to be a high disagreement (strongly disagree, somewhat disagree) possibly indicating that there is a difficulty in leaving work behind at the end of the day and that the work the front-line employees are engaging in is in fact creating stress and influencing factors of burnout.

There are no reverse phrased/scored questions, meaning that there were no negatively worded questions. The researcher phrased all questions in a positive framework, for instance question number five “I feel that my organization positively
impacts people’s lives”, versus “I feel that my organization has little impact on people’s lives”. The result to question number five was 95% positive answers (strongly agree, somewhat agree) and 5% were neutral (neither agree nor disagree). The intent of choosing this strategy was largely based on the direction given to the researcher from the VAC approving authority. The rationale behind this direction was to determine whether front line workers are using positive coping strategies and what VAC interventions could be initiated to enhance these strategies.

**Descriptive Statistics- Open-Ended Questions Results**

The first open-ended questions had a varying response rate, as some participants chose to skip the open-ended questions. Question 11 stated “What more could the department do to reduce stress, if any”. This question was responded by 98% (N=39) of the potential 70 participants. Each response was numerically coded to calculate and display the responses of the open-ended questions. The coding for question 11 was; (1) Increase employees, (2) Reduce case-loads, (3) Administration (i.e. staff awareness of policies and procedures, politics, and administrative support), (4) Other (i.e. exercise, tangibles, and team building). The responses were randomly coded, however the researcher assigned groups based on the frequency of similar responses as seen in Figure 2., What More Could the Department do to Reduce Stress, if any? Amongst those who responded to the survey, specifically within the central district of Ontario there was an identified need to reduce caseloads and other related work commitments. These open-ended questions revealed that the participants identified strategies to reduce stress levels, which could be easily supported by the organization. Figure 2B displays the trend lines (Appendix H).
Figure 2. What More Could the Department do to Reduce Stress, if any?
The second open-ended question on this survey was “List two resources or strategies you use to decrease work related stress”. Question 12 has a 95% response rate (N=38); each response was numerically coded to calculate and display the responses of the open-ended questions. The coding’s for question 12 was as follows; (1) Social (consulting with colleagues, personal life, and socializing with colleagues), (2) Exercise (walking on breaks, gym after work and walking the dog), (3) Breaks (getting a tea, walking, ensuring to take breaks and leaving work on lunch), (4) Other (getting enough sleep, come in earlier, and travelling). The responses were randomly coded, however the researcher assigned groups based on the frequency of similar responses as seen in Figure 3 List Two Resources or Strategies you use to Decrease Work Related Stress. There were major commonalities in the responses which were identified strategies to decrease work related stress. Employees’ results indicated that the majority engaged in physical activities (e.g., walks, working out, CrossFit, etc.,) and social activities (e.g., personal time, lunch with colleagues etc.,) as strategies to decrease occupational burnout symptoms and/or work related stress. The most frequently identified strategies were (2) Exercise while the lowest were for (1) Social and (3) Breaks. Figure 3B (Appendix H) displays the trend lines. The graph noted in Figure 3B demonstrates that the front-line employees are currently engaging in strategies outside or during work to help decrease any occupational stress or burnout they may be experiencing. Using physical activity as a management strategy to cope with occupational burnout and stress is notably higher than all the other strategies combined. These results can provide valuable information to VAC as exercise should be supported and encouraged within the work place.
Figure 3., List Two Resources or Strategies you use to Decrease Work Related Stress
Chapter V: Discussion

Summary of Results

This thesis study was conducted in order to determine occupational burnout and stress related factors in VAC specifically in front-line employees, as relevant to mental health and wellbeing. There was a sample of the population which replied, and indicated that they engage in occupational burnout and stress reducing strategies or had suggestion in how to decrease occupational burnout within their VAC department. Although, this study did not directly influence or implement a change for the front-line employees, this study supported the hypothesis, that there is occupational burnout and stress related factors already within the VAC department, particularly related to front-line employees. The open-ended questions provided insight into the front-line employees opinions and observations regarding stress and occupational burnout reduction in the workplace. Moreover, respondents offered strategies and skills they currently utilize to reduce the burnout/stress symptoms they are currently experiencing.

Results in Context of Current Literature

A thorough review of the literature related to Veterans Affairs Canada (VAC) occupational burnout suggest that minimal attention has been given to this topic. To analyse and collect literature on this topic, a qualitative study was chosen as the methodology of this study. Survey research using qualitative strategies (using opinion based and open-ended questions) was chosen as a result of geographical distances that prohibited face to face interviews. Each respondent had access to a computer, they would remain anonymous and were given adequate time for responding. Ponto (2015) noted, when exploring behavior and description, surveys are most commonly used for “social and psychological” research. Therefore, using this survey methodology could reveal the impact of occupational stress and burnout in relation to job satisfaction and productivity, mental health, absenteeism, stress and work-related disability. These results could assist employers to base programs and training initiatives to assist employees cope with the demands of their work. Although, the literature did not focus solely on VAC, there were many similarities between the varying populations.

Salyers, Rollins, Kelly, Lysaker, and Williams (2011) analyzed and compared occupational burnout and job satisfaction between community mental health workers and VA professionals and stated that VA professionals reported less occupational burnout and greater job satisfaction compared to the other community mental health workers. This relates to the current study as the Likert scale results indicated that there was a job satisfaction among VAC front-line employees, and less burnout. However, it must be noted that the current study demonstrated occupational burnout was prevalent within the current study amongst the front-line workers. Slayer et al. (2011) also state that future research should analyse other strategies and skills to minimize the occupational burnout effects among VA workers. This directly relates to the current study given that the survey responses indicated that the employees were seeking various means to reduce stress and burnout. The employees also were looking for suggestions on how to decrease the occupational burnout in the department.

The study by Garcia et al. (2014) utilized an online survey that analyzed work factors, burnout, stress factors and demographics within 138 Veterans Health Administration (VHA) who provide post-traumatic stress disorder (PTSD) care utilizing a online-survey. The results of the Garcia et al. (2014) study was that the participants who
provided this kind of care, are individuals who seek strategies and support that will help prevent or reduce occupational burnout symptoms. This also supports the current study as it uniquely offers qualitative research regarding the mental health of front-line VAC workers within the central Ontario district. Although, this current study is not exhaustive, it does provide insight into the strategies identified that are self-directed.

Atkinson, Rodman, Thuras, Shiroma, and Lim (2017) conducted a study on Veterans Affairs (VA) – United States which explored the relationships between burnout, self-compassion and depression. This research study evaluated this relationship in 128 VA front-line employees. The results of this study were that self-compassion was the strongest determinant of occupational burnout and is also associated with depression symptoms. The researcher’s current study expanded on this notion and revealed factors that contribute to occupational burnout and stress among Veterans Affairs employees who participated in the study. These included external factors such as; the need for an increase in the number of staff, the decrease of caseloads per employee and administrative concerns (hiring process, policies and the need to permit employees’ feedback).

Implications for the Behavioural Psychology Field

This research study was conducted to analyse stress and occupational burnout related factors in the VAC department, because there is little research on the Canadians Veterans Affairs employees in relation to stress and burnout. The study was developed based on the existing behavioural psychology literature, on occupational burnout and stress factors at Veterans Affairs (in the United States).

The survey feedback can contribute and raise awareness to occupational burnout and stress related factors in VAC front-line employees to the management teams at VAC. This research study can contribute to future research on strategies and skills that can be implemented to reduce occupational stress and burnout factors. This study provides many findings that could benefit the VAC employees who interface directly with the Veterans and could potentially trigger future literature on occupational stress and burnout within the VA front-line employees across the nation. Suggested programs that VAC could implement in order to increase the well-being and decrease stress could include; wellness programs, workplace health comity that provides tips and tricks in reducing workplace stress (through small discussions, posters etc.), organizing walking groups and creating space for relaxation and quite time.

Strengths.

Environment. The survey was administered to different offices throughout the VAC central district. As noted in the literature review, occupational burnout is a prevailing issue within the front-line staff of many agencies, and there has been little data collection on the VAC offices. Based on the survey responses, it appears that the participants in this sample were more than willing to answer the survey and provide feedback, which also may suggest they feel this is a prevailing issue within their department. This researcher did receive follow-up emails to support this hypothesis, as the emails had content regarding the prevalence of this issue, and a desire for more focus on wellbeing.

Participants. The participants demonstrated their awareness of occupational burnout and stress related factors and how to engage in stress reducing activities. The participants were easy to access through their government emails and responded quickly
to the survey. The results obtained from the participants in the open-ended questions provided many suggestions for how to improve occupational stress reduction and occupational burnout factors within the VAC department.

**Limitations.**

*VAC Approval.* In order to, administer this survey, approval was required as at the highest level of Veterans Affairs Canada. The Deputy Minister reviewed the questions and placed the following conditions on the study. It was mandated the survey be administered through the researcher’s personal email as opposed to the government server. The reason for this was to eliminate any confusion as to the source of the survey, specifically that it was not a VAC sponsored survey. Another condition was that the survey not be published publically (journal or webpage). One of the final conditions was that VAC required a copy of the results. Once these were agreed to, approval was given to commence the study.

*Time.* Time was a primary limitation as receiving VAC approval was a challenge and time consuming. This approval was required before sending out the survey to any potential participants. This caused a delay in the amount of time the researcher had to administer the survey reducing the time frame to two-weeks. The researcher originally planned to have the survey out for four weeks to obtain as many results as possible. The researcher was unable to analyze if this time delay had an impact on the results.

*Participants.* Engaging individuals to participate in the survey posed a challenge. Multiple individuals were out of office for reasons including but not limited to; vacation, sick days, maternity leave, and conferences. This was a limitation as these individuals were not able to participate in the survey since the two-week time-period was the whole time they were out of office. This limited the sample size of respondents and in particular those on sick days might have relevant information. It is difficult to determine whether their participation would have changed the results.

*Survey.* The survey posed a few limitations including the fact the researcher was limited to the amount of questions that could be included in the study. The researcher was mindful of trying to capture and maintain the audience’s attention as well as, take the least amount of time away from their work day. Other limitations to the survey were that some of the questions had two components to it, making it difficult for the participants to give an honest answer because they were conflicted between the two-part question thus, causing potential response bias. For example; question eight ‘my department encourages a life-work balance and I am able to apply in my personal life’, this was one of the few questions that participants appeared to have difficulty answering, or chose not to answer.

**Multilevel Challenges.**

*Client level.* Encouraging the front-line employees to participate was the main issue. Some of the employees were out of office, no longer worked there or simply did not want to answer the survey. This influenced how many participants there were. This resulted in there being less participation than anticipated by the researcher. There was also a limitation posed by the VAC ethics board, as the researcher was only allowed to send the survey to the approved office in the central district, thus again limiting the number of participants the researcher was able to access.

*Program level.* The survey was conducted online and was in the form of self-report. There is a potential that response bias was a factor in the survey results, thus, resulting in a skew in the researchers results. One example could be in question 11 a
participant answered “cake”. This response neither contributed nor could be discarded. As well the majority of the survey (10 questions) was made out of Likert scale ratings which can have high response bias as participants are asked to click an answer and there is an option for a neutral response (neither agree nor disagree).

Organization level. VAC is a government agency, and therefore has their own ethics board. The researcher had to go through the VAC ethics board to get approval to administer a survey to the front-line employees. This approval was difficult to obtain as this was the first time the board had a request to do a survey and therefore the ethics board had to conduct extensive research on guidelines and policies before approving it. This posed a barrier to the amount of time the researcher had to administer the survey, and delayed the initial start date by a couple weeks.

Societal level. Occupational burnout can have impact on the facilitation and implementation of client services. An employee who is experiencing occupational burnout and job stress factors may be unable to engage and preform their tasks to their best abilities. Therefore, this may have an impact on the services that are delivered to clients, resulting in an overall impact on that population. Once occupational burnout and stress are recognized and addressed within the workplace it will allow for stronger service delivery for clients by the front-line employees of VAC.

Future Research
This thesis study has raised many opportunities for future research to develop and validate the concepts and theory that burnout is affecting VAC front line workers. More research will help to elaborate on the findings within this thesis. Firstly, this thesis research had a very limited scope of participants. The conclusions within this study are based on 40 participants who represent a governmental agency numbering in the thousands. This study could be broadened to include the larger population of VAC front line workers within Canada. In doing so, much more informative results could lead to action to address this workplace issue. Secondly, due to the organizational approval process within VAC, certain restrictions were placed on the number of questions being asked as well as the tone of the questions. Specifically, the questions were to be worded to solicit strategies for coping with burnout without establishing the levels and impact of burnout for front line VAC workers. Future research could explore what are the rates of burnout and most importantly address stress related factors within the VAC workplace. Finally, this study revealed that from the perspective of the front line VAC workers they have found that the current resources and initiatives offered to address stress and burnout are inadequate and not effective. Future research could examine what programs, resources and support are currently being offered and if inadequacies exist, then what types of initiatives and support could be more effective. This could lead to the establishment of a national policy within VAC to robustly address workplace burnout and stress related factors within the VAC department.

Literature review word count: 3,619
Overall word count: 9,248
References


EVALUATING BURNOUT IN FRONT LINE EMPLOYEES


Appendix A

St. Lawrence Research Ethics Board Approval

St. Lawrence College
Research Ethics Board

September 24, 2018

Student name: Jennifer Dawson
Student address: J Dawso n11@student.sl.on.ca

SLC-REB Reference Number: 2018-REC04DJ

Project Title: Evaluating Staff Burnout and Influencing Factors for Frontline Employees at Veterans Affairs Canada

Dear Jennifer:

I am writing to advise you that the Research Ethics Committee – Psychology (REC-P) a subcommittee of the St. Lawrence College Research Ethics Board (SLC-REB), which has been delegated the authority to review and approve SLC Bachelor (Honours) of Behavioural Psychology students’ thesis research protocols, has reviewed and found your thesis research protocol to exceed or satisfy the minimal requirements for the ethical conduct of research involving human participants as put forth by the Tri-Council Policy Statement: Ethical Conduct of Research Involving Human (TCPS2, 2014). You may now begin your participant recruitment at your earliest convenience.

You have six (6) months to complete the project from the time of approval. Should you require more time to complete your project, you will be required to submit a SLC-REB Request for Renewal Form. This must be submitted prior to SLC-REB approval anniversary date. If you are proposing changes to your approved project then you will need to submit prior to implementing your changes a SLC-REB Request for an Amendment Form.

Any adverse events or unanticipated issues during the course of your research must be reported to the SLC-REB as soon as you become aware of them. The SLC-REB reserves the right to review your file at any time to ensure that research is being conducted in accordance with all applicable SLC Policies and the TCPS2 (2014).
Once your project is complete, you are required to complete a **Project Completion/Termination Form**. **This form must be submitted as a final report about your research to the SLC-REB by no later than April 30, 2018.**

Best wishes for the successful completion of your project.

Best Regards,

Jody Souka-Marleau  
Co-Chair, Research Ethics Committee-Psychology

cc. Dr. James Morris-Pocock, Chair, SLC-REB  
Dr. Melissa Bolton, Thesis Supervisor
Appendix B

VAC Ethics Approval

OCT 24 2018

Jennifer Dawson
Veterans Affairs Canada
Kingston Area Office
61 Hyperor Court, Suite 104
Kingston, Ontario K7K 7K7

Dear Ms. Dawson:

Our office was initially contacted by email from your Manager on September 24, 2018 to confirm whether it was acceptable for you to proceed with your student research project at VAC. On September 26, you provided the following additional information:

- You are on a 14 week placement at VAC – September 5 to December 14, 2018, in the role of case manager;
- The objective of the 4th year field placement is to gain skills but to also conduct research to use to complete your thesis;
- Your thesis topic is: evaluating burnout and stress in VAC offices & frontline workers;
- You will send an email to participants, using your VAC email address, which will include a link to participate in an anonymous survey; and
- The survey will be administered to VAC frontline employees in Kingston, Scarborough, Trenton & Toronto.

Due to the sensitive nature of the research, additional consultations were undertaken. On October 9, you provided us with a copy of the survey, and on October 11, the Director General of Service Delivery, Field Operations reviewed the survey and granted her permission.

The VAC Code of Conduct states that employees cannot engage in activities outside the public service that will likely give rise to a real, apparent or potential conflict of interest in relation to their official duties. In addition, the Values and Ethics Code for the Public Sector states that any conflict arising between the private interests and the official duties of a public servant is resolved in favor of the public interest. I have determined that there may be potential and perceived conflict of interest, therefore the following measures are required to address this risk:

Canada
- 2 -

- You will not use your VAC email OR identify yourself as a VAC employee in the email used to distribute the survey. It is recommended that you use your university email to disseminate the survey;
- You will ensure that you will not collect or share any identifying employee information, the anonymity of employees will be protected;
- The purpose of the survey is for data collection to support your thesis; you will not publish the survey in a journal or external webpage;
- When you obtain the results from your research, you will not be providing recommendations to Veterans Affairs Canada or its' employees, and
- You will provide us with a copy of your research results/paper within 30 days of completion.

Please note, that on question 11 of the survey, the word “agency” should be changed to “Department”.

For additional information on your responsibilities as a public servant and Conflict of Interest measures, please refer to the VAC Code of Conduct: http://intranet.vac-acc.gc.ca/eng/human-resources/healthy-workplace/organizational-health-and-ethics/values-and-ethics/code-of-conduct.

If you have any questions or require clarification concerning this matter, please do not hesitate to contact the values & ethics advisor at Corporate Resourcing & Workplace Wellness by email at VAC.ValuesandEthics-ValeursEtEthique.ACC@vac-acc.gc.ca.

In closing, I want to thank you for the conscientious manner in which you have raised this issue to our attention.

Sincerely,

Kiran Hanspal
Director General, Human Resources

c.c.: Heather MacMillan, Acting Veteran Service Team Manager.
Kingston Area Office
Catherine Smith, Acting Area Director, Service Delivery, Field Operations
Appendix C

Email Sent to Participants

Subject: Recruiting participants for short online study analyzing stress and burnout rates for frontline workers at Veteran Affairs Canada

Good morning, November 6th, 2018

My name is Jennifer Dawson, I am currently a fourth-year student in the Honours of Behavioural Psychology program at St. Lawrence College. I am currently doing a placement at Veterans Affairs Canada- Kingston office, under the supervision of Heather MacLellan, Case Manager (CM), and currently acting Veterans Service Team Manager (VSTM).

As part of my required baccalaureate thesis, I will be conducting a research study that aims to evaluate staff burnout and influencing factors for frontline employees at Veterans Affairs Canada. The purpose of this research study is to conduct an analysis of stress and burnout rates for frontline employees in Veterans Affairs Canada. My research will build on previous scientific literature and research on workplace burnout. I hope to be able to and contribute to this research by identifying effective strategies and skills that workers can utilize in order to cope with burnout.

I would appreciate it if you would consider being a participant in my study. It is an online survey and it takes approximately 10 minutes to complete. The information requested is anonymous, meaning that no identifiable information will be collected.

The online survey can be accessed through the link below. This survey will close on November 23rd, 2018. When you click on the link below, you will be brought to a letter of information that will explain the research project in greater detail.

LINK: https://www.surveymonkey.com/r/SGXW8GR

Should you have any questions about this research project, please do not hesitate to contact my agency supervisor, Heather MacLellan, at Heather.MacLellan@canada.ca or myself at JDawson11@student.sl.on.ca

Your participation is greatly appreciated.
Thank you for your time and feedback,

Jennifer Dawson
Appendix D

Consent Form

St. Lawrence College
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

Dear Potential Participant,

You are being invited to take part in a research study titled “Evaluating Staff Burnout and Influencing Factors for Frontline Employees at Veteran Affairs Canada”. I am currently a fourth-year student in the Honours of Behavioural Psychology Program at St. Lawrence College. My current placement is at Veterans Affairs Canada. The data collected will contribute to my thesis and might be presented at conferences or published in a peer-reviewed journal. This consent form will give insight into the participant’s part in my project. Please read the following information and if interested in being a participant, check the box on the following consent page.

Why is this study being conducted?

Researchers have found that frontline workers are exposed to high rates of burnout. This study will analyze Veterans Affairs frontline worker’s burnout as well as feedback/suggestions the workers have to prevent/reduce burnout. This study involves completing a survey to determine possible reasons why burnout is so high.

What is required of you as a participant?

If you choose to take part in this research study, you simply need to click the button at the bottom of this page indicating that you are a willing participant. You will be asked to complete a 10-question survey that is based on burnout. You will also be provided the opportunity to provide more information about your experiences in two open-ended questions on ways that be reduced within the agency. The researcher anticipates that this will take 10 minutes of your time to complete the survey. We are only recruiting participants who are currently employees at Veterans Affairs Canada.

What are the potential benefits?

Benefits for participants in the study is that it is an anonymous way to provide feedback and insight into burnout rates and how burnout can be managed within the workplace. This research may also help with future research and interventions that can be used to target burnout and help those experiencing burnout cope with it.

What are the disadvantages and risks?

Potential disadvantages are that this survey will take time out of the workers day to complete someone who is experiencing a heavy work load or burnout this will be a disadvantage as it is taking you away from work. There is minimal risk to participating in
this study, however one identified was that participants may feel possible frustration when reflecting on stress.

**How will the researcher keep the information collected confidential/private?**

The online survey is anonymous and I will not be able to identify you from the information provide in the survey. Please do not provide information in the open-ended questions that would reveal your identity. Please note that both my supervisors (Heather MacLellan, Case Manager at Veterans Affairs Canada and Dr. Melissa Bolton, at St. Lawrence College) will have access to the information you provide. The survey data will be stored on the researcher’s encrypted password protected computer. No identifying information will be used in any reports or presentations using data from this study.

**Is participation required?**

Participation is voluntary. No one will know whether you choose to participate or not. If you choose to participate and start the survey but change your mind while completing the survey you can withdraw simply by closing the browser. Please note, however, that once you submit the survey you cannot withdraw your information because the survey is anonymous. If you choose to participate, your participation is greatly appreciated since the larger the data collection the greater the accuracy in understanding the cause of burnout in the workplace. If you choose to participate, please click the link provided that will take you to the online survey. The participants will be required to click on the [https://www.surveymonkey.com/r/SGXW8GR](https://www.surveymonkey.com/r/SGXW8GR) as a link in the email.

**Contact information for further questions or information.**

This research project has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (RE-P) under the authority of the St. Lawrence College Research Board (SLC-REB). This project is conducted under the supervisor of Heather MacLellan, Case Manager at the Veterans Affairs Kingston office. Your participation is greatly appreciated. If you have any additional questions about this study, please direct them to the researcher, Jennifer Dawson at 613-453-1969 or email her at JDawson11@student.sl.on.ca. You can also contact my supervisor at St. Lawrence College, Dr. Melissa Bolton at Melissa.bolton@theroyal.ca or my placement supervisor at Heather.MacLellan@canada.ca If you have any concerns about the way this research was conducted or about your rights as a participant you can contact the St. Lawrence College Research Ethics Board Chair, Dr. James Morris-Pocock at reb@sl.on.ca or call 613-544-5400 ext. 1621.

Sincerely,

**Jennifer Dawson**

BPSYC Student
By clicking the button below, and completing the online survey, I am consenting to participate in the study. I understand that the information collected from this survey will be anonymous and that it will be published in the student researcher’s thesis and might be presented at conferences or published in peer-reviewed journals. I understand that the researcher will take every reasonable step to protect my identity and confidentiality.

By clicking the button below, I understand and accept the conditions of participation as they have been explained the information provided above. I know that if I have any other questions about this researcher project that I can contact the researchers listed above.

*****Please keep a copy of this form for your personal records.*****
Appendix E

Burnout Survey

1. I step away from my computer throughout the day to give my eyes and mind a rest

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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2. I receive and use helpful weekly tips from ‘Workplace Mental Wellness’ on mental health and strategies to use when I might be feeling overwhelmed

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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3. When at work, I am focused on my job duties and can accomplish these tasks during a regular work day

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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4. The pace of my work in this agency enables me to do a good job

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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5. I feel that my organization positively impacts people’s lives

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
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6. I feel comfortable giving feedback to my supervisor and that my feedback is valued

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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7. My job does not cause an unreasonable amount of stress in my life

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<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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8. My organization encourages a life-work balance and I am able to apply this in my personal life.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
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9. When I go home at the end of the day, I am able to leave my work behind

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
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10. I actively engage in activities outside of work that reduce my stress-level

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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11. What more could the department do to reduce stress, if any?

12. List two resources or strategies you use to decrease work related stress.
Appendix F

*Figure 1B.* Evaluating Work Place Stress and the Influencing Factors; Likert Scale Survey Results - Trend Lines

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Linear (Strongly Agree)
- Linear (Somewhat Agree)
- Linear (Neither Agree Nor Disagree)
- Linear (Somewhat Disagree)
- Linear (Strongly Disagree)
Appendix G

Figure 2B., What More Could the Department do to Reduce Stress, if any? - Trend Lines

Figure 2B., What More Could the Department do to Reduce Stress, if any? - Trend Lines
Appendix H

*Figure 3B.*, List Two Resources or Strategies you use to Decrease Work Related Stress- Trend Lines

*Figure 3B.*, List Two Resources or Strategies you use to Decrease Work Related Stress- Trend Lines